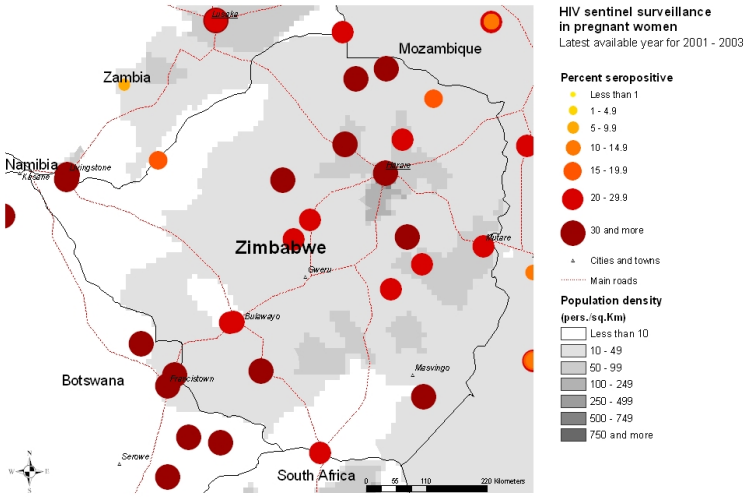
ZIMBABWE

June 2005

WHO estimate of number of people requiring treatment - end 2004: 295 000**
Antiretroviral therapy target declared by country: 55 000 by the end of 2005



HIV sentinel surveillance in pregnant women
Latest available year for 2001 - 2003

Percent seropositive
- Less than 1
- 1 - 4.9
- 5 - 9.9
- 10 - 14.9
- 15 - 19.9
- 20 - 29.9
- 30 and more
- Cities and towns
- Main roads

Population density (pers./sq.Km)
- Less than 10
- 10 - 49
- 50 - 99
- 100 - 249
- 250 - 499
- 500 - 749
- 750 and more

Map Data Source:
WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

TREAT 3 million by 5 2005

World Health Organization

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

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$)	2002	1385	WDI
Government budget spent on health care (%)	2002	12.2	WHO
Per capita expenditure on health (US$)	2002	118	WHO
Human Development Index	2002	0.491	UNDP

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
Reported number of people receiving antiretroviral therapy (15-49 years)	May 2005	15 000	MOHCW*
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	295 000**	WHO/UNAIDS
HIV testing and counselling sites: number of sites	May 2005	338	MOHCW
HIV testing and counselling sites: number of people tested at all sites	May 2005	293 000	MOHCW
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	75.3%	WHO

* Ministry of Health and Child Welfare
** The Ministry of Health and Child Welfare estimates that at the end of 2004, 342 000 people needed antiretroviral therapy in Zimbabwe.

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 between 1.5 million and 2.0 million. About 50% of the people living with HIV/AIDS are infected during adolescence and young adulthood. At the end of 2003, an estimated 980 000 children younger than 17 years had lost one or both parents to HIV/AIDS.

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 number of new infections among women has exceeded that among men since 1989. The prevalence of HIV infection also varies with place of residence. The most severely affected areas (with average HIV prevalence of about 35%) 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% versus about 21% 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. 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 therapy. Guidelines on antiretroviral therapy have been developed and disseminated.

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 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 reponse and capacity
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 everyone in need. However, because of resource constraints, a phased approach has to be adopted for scaling up antiretroviral therapy. Zimbabwe's health system is currently experiencing numerous difficulties due to the adverse economic environment. However, Zimbabwe has a relatively organized health system with reasonable infrastructure. A fairly 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. Special opportunistic infection services are being set up at major health facilities. Services for preventing 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 funding, drugs and supplies is another major constraint that is essentially due to high and rising costs and the inadequate availability of foreign exchange reserves.

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

• WHO estimates that between US$ 360 million and US$ 375 million is 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.
• Zimbabwe submitted a successful Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria for total funding of US$ 14.1 million and two-year approved funding of US$ 10.3 million. The grant agreement has not yet been signed.
• The government committed to provide US$ 1 million per month from its own resources to purchase locally produced generic antiretroviral drugs starting from September 2004. The government is expected to commit an estimated total of US$ 16 million for the purchase of antiretroviral drugs during 2004-2005.
• Subject to the signing of the Round 1 Global Fund grant, an estimated US$ 1.9 million could be expected to support treatment scale-up for 2004-2005. Support from bilateral agencies is expected to provide about US$ 9.7 million towards treatment scale-up during 2004-2005.
• Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Zimbabwe to reach 145 000 people by the end of 2005 is between US$ 332.4 million and US$ 347.4 million.

5. Antiretroviral therapy coverage

• In 2003, WHO and UNAIDS estimated Zimbabwe's total treatment need to be 290 000 people, and the WHO "3 by 5" treatment target was calculated at 145 000 (based on 50% of estimated need). In 2004, WHO and UNAIDS estimated that Zimbabwe's total treatment need had risen to 295 000 people.
• The government has declared a national treatment target of 55 000 people by the end of 2005.
•As of June 2004, an estimated 6000 people were receiving antiretroviral therapy, of which most were catered for by private practitioners and largely via their own means. As of November 2004, 8000 people were reported to be receiving antiretroviral therapy. Of this number, an estimated 760 people were being 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. As at March 2005 a reported total of 12 000 people were receiving antiretroviral therapy, and by May 2005, 15 000 people were receiving antiretroviral therapy in Zimbabwe.
• The United States Agency for International Development is supporting three antiretroviral therapy delivery sites: one private sector, one mission hospital and one local authority, using branded drugs.

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. 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
The Ministry of Health and Child Welfare is responsible for implementing the national antiretroviral therapy programme with support from various partners. More than 70 hospitals of different sizes operated by the government, nongovernmental organizations and the private sector have been identified for delivering 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
A range of nongovernmental organizations, United Nations agencies and bilateral donors work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. 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 and finalizing the comprehensive national plan for scaling up antiretroviral therapy
• Supporting the development of the Health Sector Strategy for HIV/AIDS
• Supporting capacity building for training in comprehensive management of HIV/AIDS including antiretroviral therapy at the provincial and district levels; supporting adaptation and implementation of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy to enhance training of first level health workers and community support groups; and supporting the mentoring process to ensure sustained quality care for people living with HIV/AIDS
• Providing support for implementation of the Global Fund Round 1 grant and development of the Global Fund Round 5 proposal
• Establishing a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy
• Supporting the Ministry of Health and Child Welfare to establish a team to implement and manage the rapid scale up of antiretroviral therapy
• Supporting the strengthening of the monitoring and evaluation system for the antiretroviral therapy programme within the context of the existing monitoring and evaluation system
•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
• 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 assistance in setting up systems for tracking the people receiving antiretroviral therapy
• 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 an international "3 by 5" Country Officer has been recruited and is in place.
• Additional staffing needs identified include two National Programme Officers, one Administrative Assistant, one Finance Officer, one Logistics Officer and one Secretary.

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