



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## ZIMBABWE

Zimbabwe has one of the most severe HIV/AIDS epidemics in sub-Saharan Africa. At the end of 2001, some 2.3 million adults were living with HIV/AIDS. The adult prevalence was 34 percent, a significant increase from 25 percent two years earlier. An estimated 4,000 AIDS deaths occur each week. Women are among the hardest hit, comprising 60 percent of current AIDS cases.

Children are also dramatically affected by the disease; children up to age 5 account for 15 percent of new AIDS cases. At the end of 2001, Zimbabwe had nearly 800,000 orphans under age 15, and some estimates suggest that by 2010, more than one-third of the children in Zimbabwe could become orphans as a result of AIDS.

With one-third of the adult population infected with HIV, prevalence is high even among populations generally considered least at risk. At sentinel surveillance sites around the country, women attending antenatal centers had a median prevalence of 35 percent. Prevalence appears to be highest among women in the 20–29 year age range, the prime reproductive and parenting years. However, in 2000, among women aged 15 to 19 who attended antenatal centers, HIV prevalence was 28 percent, and among women aged 30 to 34 who attended antenatal centers, HIV prevalence was greater than 43 percent.

HIV/AIDS is taking an enormous toll on the country's economy and health. Life expectancy is predicted to decline to 35 years by 2010, from 66 years in 1997. The crude death rate will be more than 200 percent higher in 2005 than in 1990 because of AIDS.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	2,300,000
Total Population (2001)	12,852,000
Adult HIV Prevalence (end 2001)	33.7%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	—
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	31.1%

Sources: UNAIDS, U.S. Census Bureau



Map of Zimbabwe: PCL Map Collection, University of Texas

## National Response

Despite one of the highest HIV/AIDS rates in the world, Zimbabwe's response to the epidemic has been relatively slow. In 2000, after a series of interim plans addressing short-term goals, Parliament created the National AIDS Council, adopted the National Strategic Framework on HIV/AIDS, and imposed a levy to help address the AIDS crisis. The National AIDS Council, under the auspices of the Ministry of Health, includes representatives from the government, nongovernmental organizations, faith-based groups, the private sector, and the media. The National Strategic Framework sets out a national plan to address

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prevention, care, and support. A 3 percent tax on personal and corporate income was levied to help purchase low-cost generic drugs and to address the needs of children affected by HIV/AIDS.

Additionally, grassroots efforts provide a significant amount of care and support to persons living with HIV/AIDS and their families. Despite meager resources, hundreds of churches, women's groups, and nongovernmental organizations are responding to the overwhelming need for assistance.

## **USAID SUPPORT**

Mitigation of the HIV/AIDS pandemic is a major USAID focus in Zimbabwe. With the country in economic and political crisis, implementing an effective response to HIV/AIDS is one of USAID's top priorities. After nearly a decade of USAID-supported information and education efforts, studies show near universal understanding of how HIV is transmitted. However, knowledge of the pandemic, its causes, and how to prevent it has not led to widespread behavior change. Current and future USAID efforts focus on developing innovative programs to promote behavior change and reduce the stigma of AIDS through a variety of mechanisms.

### ***Voluntary counseling and testing***

Since 1999, USAID has supported a successful program to integrate voluntary counseling and testing services into existing health delivery centers, such as public health clinics and hospitals, nongovernmental organizations, and private health facilities. Based on the experience of other countries, the Zimbabwe voluntary counseling and testing program, called New Start, uses innovative social marketing techniques to make voluntary counseling and testing part of the country's popular culture. By incorporating rapid testing techniques, the New Start program has been very successful. By helping to reduce the stigma associated with HIV/AIDS, it is succeeding in changing behavior where other programs have not. Once individuals know and understand their test results (whether they are negative or positive), they are more likely to adopt behaviors to protect themselves and their loved ones from HIV.

The number of New Start sites increased from 10 to 14 in 2002. The New Start sites are strategically located throughout the country, thus maximizing public access. Services are targeted to specific groups, including young couples, adolescents, commercial sex workers, transport industry workers, and other mobile populations, and are offered at affordable prices. Based on initial successes, the program will be expanded to additional urban areas and to previously underserved rural areas, where two-thirds of Zimbabwe's population lives.

### ***Condom social marketing***

As in other parts of Africa, USAID is actively engaged in the social marketing of condoms. This involves information and education about the role of condoms in HIV prevention and the procurement and logistical management of condoms. USAID works in partnership with Coca Cola to distribute condoms nationally through its distribution network. The total number of condoms sold grew dramatically in 2002, increasing to 20 million from 13 million in 2001—a 54 percent increase. Zimbabwe was the first country to introduce the female condom. It was approved for widespread use in 1997 in response to a petition drafted by women's advocacy groups and signed by more than 30,000 individuals. As of November 2001, 825,000 female condoms had been sold.

### ***Integrating HIV/AIDS measures into existing programs***

Integrating HIV/AIDS measures into existing programs helps to reduce the stigma associated with the disease. When HIV/AIDS counseling and testing are part of family planning and other health programs, it becomes a routine part of good prevention and care. Similarly, USAID is exploring the possibility of making antiretroviral treatment available in Zimbabwe. Access to antiretroviral treatment could significantly reduce AIDS deaths. The prospect of treatment would encourage more people to get tested, which in turn, would contribute to behavior change.

As antiretroviral treatment becomes less expensive, USAID plans to explore the feasibility of making the antiretroviral drugs available, probably in the context of programs to prevent mother-to-child transmission or through church-supported mission hospitals already involved in HIV/AIDS prevention and treatment.

### ***Orphans and vulnerable children***

The extent of the epidemic, the severity of the economic crisis, and an ongoing lack of available food mean that children are severely at risk for HIV and suffering from its effects. USAID supports community-based models of care, and seeks to identify models and best practices for replicating and scaling up one or more of its current pilot programs to national levels. Activities include strengthening the capacity of community-based programs and providing psychosocial support, food, and educational assistance.

### ***Strengthening capacity***

An important need in Zimbabwe is better capacity within civil society to formulate and advocate for improved HIV/AIDS policies. USAID/Zimbabwe works to strengthen the advocacy initiatives of local nongovernmental and faith-based organizations. USAID also supports leaders who are addressing HIV/AIDS, and promotes accurate journalistic reporting through highly publicized awards.

### ***Working with faith-based organizations***

USAID has already begun substantial work to cultivate a closer relationship with faith-based organizations. Ninety percent of Zimbabweans are Christian, and work with church organizations offers a unique opportunity to reach a large segment of the population with prevention and counseling. To date, churches and faith-based organizations have been primarily involved in HIV care delivery. They therefore represent a huge, relatively untapped resource that could effectively be used for channeling messages, launching motivational campaigns, promoting behavior change, stimulating discussion, advocating for policy change, and reducing stigma. Because religious leaders are highly respected, messages delivered through them have the potential to be highly influential. Eight faith-based organizations receive subgrants under USAID's cooperative agreement with Catholic Relief Services to support community responses to orphans, as well as other vulnerable children affected by HIV/AIDS. Similarly, World Pentecostal Evangelism Ministries, Kadoma Ministers' Fraternal, and the Seventh-day Adventist Church are partners in USAID's advocacy and policy activities. Additionally, 247 leaders from 18 different churches have participated in USAID-funded workshops throughout Zimbabwe that aim to break the silence on the HIV/AIDS epidemic.

### ***Prevention of mother-to-child transmission***

With mother-to-child transmission being responsible for a significant 7 percent of all transmissions and almost 100 percent of HIV infections in children, HIV/AIDS has become a critical child health problem in Zimbabwe, contributing to severe child morbidity and significant child mortality. As part of the expanded response to the global HIV/AIDS pandemic, USAID has committed, with other donors and host-country partners, to ensuring that by 2005, at least 25 percent of HIV-infected mothers have access to interventions to reduce HIV transmission to their infants.

### ***Improved information and data for advocacy and policy development***

Accurate, high-quality epidemiological data on HIV prevalence, its spread, and the impact of interventions are essential for effective advocacy, policy development, and program design. USAID and the Centers for Disease Control and Prevention will work collaboratively to collect, interpret, and disseminate HIV-related data.

## For More Information

USAID HIV/AIDS Web site, Zimbabwe

[http://www.usaid.gov/pop\\_health/aids/Countries/africa/zimbabwe.html](http://www.usaid.gov/pop_health/aids/Countries/africa/zimbabwe.html)

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